

Bulletin

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UNIQUE CENTER FOR JUVENILE TREATMENT

Pictured below is the Arthur Brisbane Child Treatment Center at Allaire, N.J., believed to be the first state institution providing residential care for emotionally disturbed children which is not located on the grounds of a state hospital. The fact that housing children with emotional disorders under the same roof with mentally ill adults is detrimental to both prompted the establishment of the Center in 1946. Invaluable aid to the project was given by Dr. Frank Tallman, Director of Mental Hygiene in California and Miss Elsa Castendyck of the Children's Bureau, Washington, D.C.

FORMER ESTATE DONATED TO N.J.

The Center is named for the late newspaperman whose former estate it occupies through the generosity of his heirs. It covers spacious wooded grounds with playing fields, and has an outdoor swimming pool, tennis courts, gardens, and an adjacent lake. The principal structure is a 40-room brick building having quarters for sixty children and some staff members, school rooms, recreational facilities, and the medical dispensary. A six-story stucco building houses employees and the Psychological Department. The atmosphere at the Center is warm and home-like; those working with the children do not wear uniforms.

LIMITED ENROLLMENT

All prospective admissions are screened through the State Department of Institutions and Agencies by the Director of the Division of Classification and Education. Before this is done, each child must undergo various psychiatric, psychological, and social studies at one of the mental hygiene clinics. Because of the comparatively small number of children that can be accommodated at Brisbane, the types of cases admitted are limited in order to maintain a homogeneous group. The difficulties encountered in the specialized treatment and the additional staff required by pre-school and adolescent children suggested the need for placing the age limits between five years and twelve years.

The Center aims to provide an environment in which the child is free from the stresses of his usual family and social life. Thus a more accurate evaluation of the factors contributing to the child's problem is possible, since these stresses make an objective appraisal difficult.

TREATMENT PROCEDURES

On admission the child is given a thorough physical and dental check-up, immunization shots, and routine chest X-rays. A consulting staff of specialists in the various fields of medicine and surgery is available

when needed.

Many types of therapies are administered at the center—individual and group therapy, narcosurgery and hypnosis, electroshock, benzedrine therapy, sodium dilantin, antiluetic, and hormone treatment.

In order to evaluate his mental status as far as possible, each child is given a battery of psychological examinations and periodic re-examinations to determine growth or change. Emphasis is placed on remedial reading and speech training, which greatly benefit both social and school adjustment.

EDUCATION AND RECREATION

Schooling at Brisbane follows the curriculum of the New Jersey public school system. Each class is composed of not more than eight children at a time, and classes last from one to two hours per day. Thus,



The Arthur Brisbane Child Treatment Center

each receives almost individual tutoring. Educational films are presented weekly.

Recreational activities, which are geared to the specific needs of each child, include outdoor and indoor sports, television, radio, and recorded music. Supervised intermingling of boys and girls in school and social events is encouraged.

Since correlation with daily living is emphasized in occupational therapy, the girls help in the dining room and do housekeeping tasks, sewing, ironing, weaving, knitting, etc. The boys work in the greenhouse and garden, and help keep the grounds in order, as well as engaging in carpentry, painting, and lumbering. The children are permitted to follow their own interests and are encouraged to complete all projects begun.

Weekly religious services for all denominations are held at the Center. Roman Catholic children able to leave the grounds are taken to church in a nearby town. Holiday festivities are highlighted by special activities, such as parties, usually sponsored by the county chapter of the American Legion Auxiliary. The children enjoy decorating the Center on these occasions and provide the entertainment themselves. All birthdays are celebrated by parties.

Depending upon their behavior and adjustment, children are permitted to go home on weekends and holidays if the home environment is approved.

SOCIAL SERVICE DEPARTMENT

One of the most important services to the child, in the light of preparing him for release, is performed by the social service department. The social worker confers with the family to obtain their viewpoint of the child's difficulty and to pave the way for the time when the child returns home. In addition to the individual therapy given parents by the social worker and the director of the center, a plan of treating parents in groups on visiting days has evolved. This enables extra attention that would otherwise be impossible. Rapport is also established with the children whose welfare after release will be under the social worker's supervision.

CAREFULLY CHOSEN STAFF

Since the staff members play a critical and essential part in the lives of the children at the center, they are selected with great care. The professional staff at Brisbane includes the director, Dr. Georges H. Lusier, a clinical psychologist, a supervisor of the unit, one psychiatric nurse, two registered teachers, and a part-time neuropsychiatrist. Occasionally resident psychiatrists receive training in child psychiatry at the center as part of the VA program. The business department is operated by three secretarial workers under the direction of a business manager. The more domestic procedures at Brisbane are handled by 14 cottage supervisors, 5 kitchen helpers, and two maintenance men.

VOLUNTEERS

VOLUNTEER SERVICES

EXPAND AT WOODWARD S. H. 11-18

VOLUNTEER SERVICES at Woodward (Iowa) State Hospital have grown rapidly during the past year. A small group of Gray Ladies was the first to offer its services.

Since then groups from many chapters of the Red Cross, the American Legion, the V. F. W., and the Catholic Daughters of America have visited the hospital weekly. More than 150 volunteers each month assist the personnel with the many projects being fostered. Their duties include many fields, such as musical therapy, recreation, canteen service, letter-writing, entertainment for the shut-ins, and parties for the various wards.

Orientation courses were given to these groups before they assumed their duties in the various departments of the hospital. Plans are being made to present each volunteer with a certificate of award at the end of 100 hours of service.

THERAPY

WORKING PLAN FOR OCCUPATIONAL THERAPY 15-17

A COMPREHENSIVE WORKING PLAN for occupational therapy has been developed by the Boston State Hospital.

The professionally trained occupational therapist selects the activities which will not only interest and motivate the patient into active participation, but also carry out a doctor's prescription to meet the patients' physical and psychological needs.

The goals outlined in the O.T. working plan include the breaking-up of poor social habits and resocialization, the sublimation of symptoms, the acceptance of the discipline, the free expression of fantasy, the opportunity for creative expression, and the satisfaction of a successful performance. These goals are attained through daily work and recreational activities geared to the individual capacities of the patients. The work selected must not be "occupational idleness," but must be serious, creative or purposeful.

Since much of the patient's response is the result of the therapist's understanding manner, emphasis is placed on patient-therapist relationships.

The O.T. program is broken-down into four major subdivisions: occupational therapy clinics, industrial therapy, ward occupational activities, and rehabilitation or pre-vocational training.

The O.T. clinics provide special therapy for newly admitted patients or for those under active treatment. Clinical activities include painting, general art, ceramics, metal work, weaving, chip-carving, square knotting, plastics, dress designing, sewing, carpentry, printing, book-binding, leather work, refinishing furniture, and minor handicrafts.

The industrial therapy and ward occupational activities fit patients into jobs in the hospital. Such jobs are classified as work on wards or productive work. Work on wards consists of housekeeping tasks, care of patients, serving food, taking care of laundry, and running errands. Patients are assigned work in wards other than their own so that they may be promoted to increased responsibility. Productive work includes sewing, laundering, the cafeteria clean-up, preparing vegetables, work in the beauty parlor, work in the greenhouse, weaving, work in the library, domestic duties, trucking, work in the kitchen and scullery, barbering, work as handymen, work in the storeroom, work in the garage, and

mattress, shoe, and furniture repairing. The staff therapists see that every hospital employee who is assigned patients is aware of his responsibility for the care and guidance of these patients.

The rehabilitation and pre-vocational training program frequently helps to prepare the patient for a new job when he is released from the hospital. Office practices (including shorthand and typewriting), graphic arts, metal work, electronics, wood and plastics, motor repair, horticulture, and dress designing are some of the vocations studied.

Since the patients benefit from fun and relaxation, a recreational and music program becomes an essential part of the overall O.T. program. Designed to meet the interests of the majority of the patients, various activities are undertaken. These include 35mm feature motion pictures in the hospital chapel, 16mm motion pictures shown on the wards to those unable to attend the chapel, monthly dances, ward parties, games, concerts, and entertainers.

Weekly progress reports are made on the patients' activities and assignments. They are submitted to the physicians for study.

Since the emphasis in O.T. is on treatment and not on the cash value of the object a patient makes, no articles made in the O.T. department are sold.

For the O.T. program to be carried out effectively at the Boston State Hospital, plans call for an O.T. director who is responsible to the assistant superintendent, twelve occupational therapists who work in close cooperation with physicians in charge of the wards and staff members who assist with miscellaneous services. Detailed copies of the Boston State Hospital's occupational therapy plan are available at the M.H.S. office.

ORT ITEMS

All the wicker furniture, upholstered in plastic, for the new 540-bed male ward building at Western State Hospital, Ft. Steilacoom, Wash., was made in the male O.T. department... Patients in the sick bed wards and the juvenile unit at Camarillo (Calif.) State Hospital enjoy making seasonal cut-outs before special holidays and decorating the walls with them... Patients at Harlem Valley State Hospital, Wingdale, N.Y., who are unable to attend regular OT shops receive this training on the wards. Typical is a ward where elderly male patients make beautiful knotted and hooked rugs which are temporarily exhibited as wall hangings... An evening snack of cocoa and cookies or candy and popcorn is served nightly to patients at The Good Shepard Home of Father Basil's Lodge, Rogers Park, Ill., and birthdays are celebrated with a special dinner, complete with birthday cake and presents... An ingenious cart is used at St. Mary's Hospital, St. Louis, Mo., to wheel ORT supplies from ward to ward and out on the lawn. The cart is a large cupboard on wheels... An occupational therapist accompanies the social worker from Harlem Valley, Wingdale, N.Y., on her semi-monthly visits to all home-care patients. The therapist thus keeps these patients interested in the purposeful crafts they learned in the hospital.

REMEMBER MENTAL HEALTH WEEK
MAY 2-8

HOSPITAL PROGRAM FOR A.P.A. ANNUAL MEETING

The Section on Hospitals at the A.P.A. Annual Meeting (Cincinnati, May 7-11) this year will present "The Evaluation of Treatment" and will hold a round table on "Food Preparation and Service in Psychiatric Hospitals."

Formal speakers are James H. Wall, "The Evaluation of Treatment;" Dr. Benjamin Malzberg, "Follow-up Statistics in Psychiatry;" Dr. Donald M. Hamilton, "The Evaluation of Intensive Treatment in Schizophrenia;" and Drs. Henry Brill and Harry J. Worthing, "Evaluation of Immediate and Late Results of Prefrontal Lobotomy in 600 Cases." Drs. William Malamud and Frank Tallman are to be the discussants.

The moderator for the round table is Dr. Worthing. Albert E. Houde, Department of Mental Health of Massachusetts, will talk on "Organization of a Food Department and Menu Planning;" Mrs. Katherine D. Flack, Department of Mental Hygiene, New York, on "The Value of Food Service Training;" Miss Eunice Holdgraf, Clarinda (Iowa) State Hospital, on "High Protein Supplemental Feeding;" and Dr. M. A. Blankenhorn, Director, Department of Internal Medicine, University of Cincinnati, on "Suggestions for Research for Nutrition."

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Subscribers may request further details about any item appearing in the *Bulletin*. A post card request with reference to the number of the item is sufficient.

All subscribers are urged to contribute items to the *Bulletin* about developments in their hospitals.

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M.H.S. Regional Representatives: Selected to represent different types of mental hospitals, institutions, and government services in all States and Canadian provinces. List available on request.

GOVERNMENT PRIORITIES FOR MENTAL HOSPITALS

Government agencies have recently issued two regulations on distribution that are intended to benefit mental hospitals as well as other institutions.

The first, Distribution Order 1 issued by the Office of Price Stabilization, provides that suppliers of meat must furnish the same or comparable quality and cuts of meat to institutions as they did during 1950. The quantity must also be the same, based on patient population.

The National Production Authority's Regulation 4 allows mental hospitals which are having trouble getting supplies and equipment for maintenance, repair, or operation to use DO (Defense Rated Order) 97 to expedite delivery. DO-97 may also be applied to minor capital improvements. The use of this number is optional, but any institution using it must abide by certain definite restrictions.

Copies of both of these regulations are available at M.H.S.

LOAN COPIES

M.H.S. now has loan copies of the following which member hospitals may borrow for two weeks:

1. Ward Manual of the Dewitt State Hospital, Auburn, Calif., describing the procedures to be used for patients' mail, parole privileges, clothing, drugs, restraint, laundry, patients' clothing, admissions, clinical records, fire regulations, supplies, personnel ratings, routine reports, etc. (Please enclose 12c in stamps with your request.)

2. Lecture Outline in Psychiatry and Neurology of the Ypsilanti (Mich.) State Hospital by Dr. Philip N. Brown, Assistant Medical Superintendent (revised 1950). It includes sections on dynamic psychopathology, mental mechanisms, etiological factors, anatomy of the CNS, and psychiatry and the community, as well as detailed discussions of the various psychiatric disorders. (Please include 8c in stamps for postage.)

All hospitals are urged to send M.H.S. copies of training outlines, special reports, procedural books, or similar material that they have developed and that would be of use to other hospitals. It is particularly helpful if enough copies (25 or more) can be sent so that interested hospitals may have one to keep. When material is difficult to duplicate, two or more loan copies can be very valuable.

A.P.A. BIOGRAPHICAL DIRECTORY RECOMMENDED FOR HOSPITALS

A limited supply of the 1950 *Biographical Directory* is still available at the New York Office of the American Psychiatric Association (1720 Avenue of the Americas).

This 900-page directory contains complete biographical data on 5,270 members of the A.P.A. It is a standard reference work published only once every ten years.

One of its most useful features for mental hospitals is a geographical index which will enable them to locate and learn the backgrounds of psychiatrists in their areas.

The volume should prove exceedingly useful in every mental hospital library. The price is \$12.00.

EDITORIAL

THE FORMULATION OF MENTAL HOSPITAL STANDARDS

As a first step in setting up standards for public mental hospitals it becomes necessary that we turn our attention to what might be called fundamental principles. These should be broad based and inclusive of proper concepts but not in such detail that will need to be changed every few years. Such fundamental principles might include the following:

1. Each hospital or clinic should provide active treatment and humane care for its patients, and educational and research facilities for its staff.

2. The superintendent, manager, or director should be a well qualified physician and an experienced psychiatrist with administrative ability. He should be the chief professional and administrative officer of the hospital (or clinic), free from partisan political interference, and should have authority commensurate with his responsibility. He should be administratively responsible only to the appointing authority.

3. The treatment of patients is the responsibility of physicians only, and they may not delegate this primary responsibility. Auxiliary professional personnel render necessary and valuable assistance to the physician, but this professional activity must remain at all times under the direction and general supervision of the physician.

4. A medical staff of ethical, competent physicians should be provided in sufficient number to furnish effective treatment and care of patients.

5. Auxiliary professional services should be provided by an adequate number of well trained personnel properly organized and under competent supervision.

6. Adequate diagnostic and therapeutic facilities, with efficient technical services under competent medical supervision, should be provided.

7. Accurate and complete medical records should be kept. These should be promptly written and filed in an accessible manner so as to be available for study, follow-up, reference, and research.

8. Competent personnel should be provided to carry out the necessary administrative functions of the hospital.

9. There should be provided a physical plant free from hazards and properly equipped for the comfort and scientific care of patients.

10. New mental hospitals should be constructed in locations readily accessible to the population they are intended to serve and also in close proximity to medical schools or similar centers of medical activity.

11. Each hospital and clinic should be integrated as closely as possible with the total health resources of the community.

ADDISON M. DUVAL, M.D.

Consultant, Medical Hospital Service
Chairman, A.P.A. Committee on
Psychiatric Hospital Standards and
Policies.

ADDITIONAL DATA FOR BUDGET HEARINGS

Last month M.H.S. published a special supplement containing data that might help hospitals present their cases for adequate appropriations to legislatures and budget officials. Since that time additional material has reached us and we present it below. If you have any inquiries about these data, please write directly to the sources indicated.

All subscribers are urged to keep sending in any data they have so that other hospitals can benefit from them.

The following telegram is from C. W. Grady, Manager of the VA Hospital at Roanoke, Va.

"...This hospital of 1633 psychiatric beds has average monthly turnover of 10.8 percent psychiatric patients. This high rate of turnover results for the most part of our intensive treatment program. Analysis of personnel cost for staff reveals that average daily cost for psychiatric patient given intensive treatment \$3.75 compared to \$1.50 per day per patient under continuous treatment program. In this analysis, only salaries of medical staff functioning on ward has been considered. No overhead such as supervision and administrative costs have been included. Preliminary study indicates less cost per patient disposed of under intensive treatment program because of high turnover rate than per patient disposed of under continued treatment..."

DIRECTOR OF N.I.M.H.

Dr. R. H. Felix, Director, National Institute of Mental Health, stated: "Despite a shortage in personnel, it would appear that intensive therapy programs have been of value in achieving a more rapid turnover of patients, effecting an earlier discharge and so providing a saving to the hospital, in addition to the relief of human misery which the treatments bring about."

"There are very few data to indicate what changes have taken place in the rate at which patients are discharged from mental hospitals in the past 20 years. Such studies that are available indicate that at present about one-half of the patients admitted to mental hospitals are out of these hospitals alive within the 12 months following admission. This proportion is considerably higher than that found in 1930-32 in a study by Dr. R. H. Israel and Mr. N. H. Johnson in the *American Journal of Psychiatry* (March 1948) where it was found that in 1930-32 the proportion out of the hospital at the end of the year was in the neighborhood of 40 percent. Those disorders in which the greatest progress has been made are those for which new therapeutic methods have been developed in the past 20 years, such as malaria fever therapy for neurosyphilis and the various shock therapies for schizophrenia and the involutional psychoses. I refer you to the attached tables for appropriate comparisons."

"But the fact remains that with existing staff and facilities patients who are to be given intensive therapy must be selected, with the result that the chronic patients or those with the more refractory types of disease can be given little more than custodial care. Emphasis is placed on the treatment of those patients who will respond to treatment most rapidly. The chronic patients tend to accumulate and spend long periods of time in the hospital. Thus, it is estimated that the median length of all patients resident in State hospitals at the end of 1948 was seven to eight years. That is, half of

the patients resident in State Hospitals as of June 30, 1948, had been hospitalized for less than 7.5 years, the other half had been hospitalized for longer than that period of time. The median length of hospitalization for all schizophrenics (which comprise about 50 percent of the average daily resident patient population) is 11 to 12 years, and about one-quarter of these schizophrenics have been hospitalized for 20 years or more. It is the stay of these chronic patients that proves to be the most costly. Because of facts like these, mental hospital administrators at this point believe that it is more important to seek adequate staff in order to reach a greater number of patients in the earlier stages of their hospitalization, with the hope that they may be moved out of the hospital before they become chronic."

WARREN STATE HOSPITAL, WARREN, PA.

TABLE I
Discharge Rates for Hospital First Admissions. - 1930-32 First Admissions Compared with 1940-42 First Admissions.

	Percent discharged within 1 year	Accumulated percent discharged within 3 years
1930-32/40-42		
Dementia praecox	35.6 46.1	46.9 59.9
C.N.S. syphilis	12.9 26.7	15.9 33.6
Without psychosis	71.4 80.9	74.1 87.4
Senile psychosis	11.4 5.3	13.2 5.8
Cer. arteriosclerosis	8.0 14.3	10.7 15.1
Manic-depressive	59.2 68.8	81.6 78.6
Psychosis w. mental deficiency	27.5 30.8	39.3 34.7
Psychoneurosis	80.4 87.8	89.1 91.5
Alcoholic psychosis	62.3 76.9	68.0 81.5
Paranoid condition	27.0 32.7	43.2 43.6
Involutional psychosis	39.3 52.0	53.6 70.0
Unclassified psychosis	45.5 52.9	51.6 56.8
Psychosis w. epilepsy	21.6 38.9	24.3 41.7
Drug psychosis	100.0 87.5	100.0 100.0
Psychosis due to metabolic disease	26.7 30.8	33.4 30.8
Other psychoses	39.3 44.2	57.5 51.2

TABLE II
Discharge Rates for All First Admissions Exclusive of Senile Psychosis and Psychosis with Cerebral Arteriosclerosis

	1930-32 Adms., Percent	1940-42 Adms., Percent
Percent discharged within 1 year after admission	43.5	55.0
Percent discharged within 3 years after admission (cumulative)	53.1	64.3
Eventual accumulated total	58.0	70.0*

*Computed on basis of experience that 5 to 6% of first admissions leave the hospital sometime later than 3 years after admission.

Source: Israel, R. H. and Johnson, N. A.: "New Facts on Prognosis in Mental Disease"

The American Journal of Psychiatry. Vol 104, No. 9, March 1948, pp. 540-545

(Comment on Table I, page 543, text of "New Facts on Prognosis in Mental Disease")

"...Study of the outcome in each disease category shows that there was no great change in many groups, but that there was a marked change in 4 classifications, namely: dementia praecox, CNS syphilis, the epileptic psychoses, and involutional psychoses. In dementia praecox, the discharge rate during the first 3 years after admission rose from 47% to 60%; in CNS syphilis, the discharge rate more than doubled, jumping from 16% to over 33%; the epileptic discharge rate rose from 24% to 42%; and the involutional psychosis from 53% to 70%. In each of these 4 categories, the decade under study has seen the development of new therapeutic methods—malaria fever therapy for neurosyphilis, the various shock therapies for dementia praecox and involutional psychoses, and sodium dilantin for the control of epilepsy. The discharge rate for manic-depressives at the end of 3 years after admission had not changed much during this decade, but it is interesting to note that a higher proportion of such admissions was leaving during the first year than was formerly the case, undoubtedly because of the use of electroshock therapy."

"The fact that the significant changes all occurred in diseases where new treatment had been developed, while other categories were showing no substantial change, reduces the likelihood that economic conditions had much, if anything, to do with the situation."

RESULT OF IMPROVED TREATMENT:

Dr. E. P. Brannon of the Veterans Administration Hospital, Perry Point, Md. (1910 beds) reports that: "Since the establishment of the General Medical and Surgical Service with our Neuropsychiatric unit and keeping these fully staffed as well as the inauguration of resident training in the above three services of psychiatry, medicine and surgery, we feel that we have been able to more than double our admission and discharge rate."

For the Veterans Administration Hospital at Roanoke, Va., the average monthly turnover has now risen to 10.8%.

Dr. H. W. Sterling of the Veterans Administration, North Little Rock, Ark., shows the following improvement between 1943 and 1950 after intensive treatment was started:

Year	Discharges per Total Admissions	Length of Stay
1943	70.6%	306 days
1950	84.8%	219 days

(with improved care & treatment)

On the other hand, an institution which has carried on extensive research, i.e., the Boston State Hospital, Dorchester Center Station, Boston, Mass., has the following figures for hospital stay:

1937-1942	365 days average
1942-1947 (Beginning of newer treatment)	180 days average
1947-1947 (Intensive treatment)	43 days

San Antonio State Hospital holds sales of articles in the display room of the occupational therapy department. Hand-painted pictures, hand carved what-not stands, hooked rugs, woven rugs, linen, baby clothing and toys, and ceramics are included.

EQUIPMENT

NYLON TABLEWARE 20-19

FOR THE PAST THREE YEARS VA hospitals have been using nylon dishes for disturbed neuropsychiatric patients. The material is practically indestructible, withstands heat well, and is very light in weight. The principal objection is that fruit juices, coffee, beets, mustard and certain other foods stain the material chemically.

The approximate cost of the dinnerware in quantity is as follows: dinner plate, \$1.10; bread plate, 40c; tumbler, 37c; soup bowl, 64c; fruit dish, 37c. No satisfactory cups have been developed yet. The above prices are for off-white dishes; colored ones are slightly higher.

For a list of firms manufacturing this nylonware, write M.H.S.

PATIENTS REPAIR FURNITURE, MAKE USEFUL ARTICLES 20-17

DURING THE PAST YEAR patients attending the men's arts and crafts shop at New Jersey State Hospital, Greystone Park, made or repaired for hospital use 2,902 articles. The work included caning 400 chairs, repairing 100 settees, and mending 150 wooden chairs. The men also produced a substantial number of brooms and brushes.

DIAL PHONE SYSTEM 20-18

AFTER A TRAFFIC COUNT by the telephone company showed that the manual switchboard at the New Jersey State Hospital, Greystone Park, was greatly overloaded, the hospital was authorized to install an automatic dial system.

It had formerly used a two-position manual type, employing five full-time and two part-time operators. Delays on calls within the hospital and on incoming toll calls necessitated the addition of a third manual switchboard, requiring four more operators, or the installation of a dial system.

The present switchboard is a 701, or private branch, capable of handling over 400 extensions with eight trunk lines. It was designed to meet the needs of the hospital for many years to come.

FOOD

FOOD SERVICE TRAINING SCHOOL 6-5

THE N. Y. STATE Department of Mental Hygiene has set up a school for continuous in-service training of food service for personnel from all N. Y. state institutions at the Hudson River State Hospital. This hospital was selected for the school because of its accessibility to the majority of institutions and because there was space available in one of its modern buildings for installing the necessary equipment. The school contains a large room for assembly and classwork, a library, offices, ample space for refrigeration and storage, and a large laboratory especially equipped for mass food production. The laboratory serves also as a testing ground for improved recipes and methods.

The Food Service Training School is not

THE QUESTION BOX

QUESTION BOX

The Question Box appears from time to time in the Bulletin to help subscribers obtain information not generally available. All subscribers are welcome to use it.

Anyone having information bearing on the following questions is asked to send it to M.H.S. with one carbon copy. It will be passed on to the inquirer and made available to others interested.

1. A private mental hospital in Indianapolis has just begun to organize a Woman's Auxiliary and would like to benefit from the experience of other private psychiatric institutions in setting up such guilds. Can any of our subscribers supply information as to the organization and programming of a Woman's Auxiliary.
2. A State hospital would like to know if any institution has (or knows of) portable scales for weighing a bed patient so that he will not have to stand on his feet.
3. A northwestern medical school is contemplating plans for a university teaching hospital and would like suggestions for planning a 40-to-50-bed psychopathic hospital unit for acute and treatment cases and potential teaching material.

an expedient for temporarily pepping up institution meals. The Department of Mental Hygiene has established it on a permanent basis so that employees of its institutions may be brought up to date and kept in tune with the advance of nutritional science. To those responsible for feeding the large populations in state mental institutions, it is important to receive scientific food news as soon as it becomes available and to have the nutritional needs of the human body interpreted in terms of ordinary daily food.

INTENSIVE COURSE

Knowledge of how to employ these principles, which might well determine the difference between poor meals and good ones, is provided for the food service employees in the training school. Selected employees are sent from the various hospitals and schools of the state mental hygiene system. Enrolled in rotation, 24 at a time, they take intensive courses in planning, preparing, and serving meals. Even though they may themselves be in supervisory positions, in school they go through all the processes involved in food service. It is recognized that they supervise best who have practical experience in their work.

One objective of the course is to standardize methods of food preparation as a means of saving time, effort, and material. Throughout the course the variety and attractive appearance of the food is emphasized as an important element in hospital diet, since the enjoyment of the meal nourishes the patient along with the food. Students have a chance to try out new recipes as well as to learn new ways of using old ones. The foods, prepared in quantities to serve 500 or more, are served at Hudson River State Hospital.

A total of 266 cooks have already attended the schools for the 3-week training course. Daily quizzes are held during the first week, which is devoted to lectures and

demonstrations. At the end of the second and third weeks, during which practical work is featured, examinations are given. Trainees also prepare a final thesis telling how they intend to apply what they have learned to their work when they return to their home institution. A diploma is awarded to those who pass both written and practical examinations.

SPECIAL EMPHASIS

The school also gives instruction to dietitians, counter attendants, food service managers, and senior business officers. The latter two groups receive a special course covering the ways in which food costs are affected by methods of receiving and storing foodstuffs and also in the preparation and serving of meals. Dietitians take the same course as the cooks, with extra emphasis on menu planning considering food costs and nutritive values. Counter attendants are instructed in sanitation as affected by personal hygiene, housekeeping, and by dishwashing; use of proper utensils; and standardization of the size of portions. They also receive demonstrations of how to systematize their work and analyze various methods of avoiding waste.

PATIENTS

PATIENTS DECORATE WARDS 17-32

UNDER PROPER SUPERVISION patients at New Jersey State Hospital at Greystone Park are encouraged to assist in painting and redecorating their own wards. The results are considered excellent by the hospital. Some unexpected artistic talent was uncovered and, as a result, murals have been painted on a number of wards. The Greystone Park Association has aided in the redecoration by making curtains and drapes.

POST-RELEASE QUESTIONNAIRE 17-31

THE WALLACE SANITARIUM, a private psychiatric hospital in Memphis, Tenn., sends each discharged patient a questionnaire. The form solicits their opinions on the type of medical and nursing services, food, etc., which they received during hospital residence. They are also asked to offer suggestions for improving the hospital's services.

PATIENTS ABLE TO AID WAR EFFORT 17-33

THE ROLE that hospitalized patients can play in boosting war production efforts was demonstrated during World War II by a group of male senile patients at Central Islip (N.Y.) State Hospital.

A nearby aircraft plant was unable to spare workers to sort out the rivets that were dropped on the floor every day during the making of airplane wings. Truckloads of these rivets were brought to the hospital, where, under the supervision of the occupational therapist, they were sorted and gauged according to 250 types before being returned to the plant. Thus, the 80 aged patients salvaged more than 10 tons of rivets and won an "E" award from the Government. Needless to say, this purposeful activity had a therapeutic effect by giving the men increased self-confidence and assurance that they still filled a useful niche in life.

TRAINING

AIDES EXPLAIN THEIR JOBS 10-28

AS PART OF THE ORIENTATION PROGRAM for affiliate nursing students at Boston (Mass.) Psychopathic Hospital, the attendants tell what their job in the hospital is. Many of the nurses coming from general hospitals have misconceptions of the attendant's role. When the aides actually discuss their work with the nurses, much misunderstanding is prevented.

For example, an aide may point out that ward work is not always done in the most efficient manner because it is more important to encourage the patient to help with the work. The students have a chance to ask questions to clarify any details.

A follow-up survey on the first students who participated in these discussions showed that they had a more understanding attitude toward the attendants, accepted them more fully as members of the therapeutic team, and worked with them better than their predecessors had.

ORIENTATION PROGRAM FOR ALL PERSONNEL 10-26

A NEW ORIENTATION PROGRAM has been instituted at St. Elizabeths Hospital, Washington, D.C., for all ward personnel—graduate nurses, attendants, and domestics.

During the first week the new appointees are shown around the hospital. They are welcomed by the superintendent who gives them a brief history of St. Elizabeths and a statement of its aims. The superintendent of the school of nursing and the nursing service discusses the role of the attendant in the care of the patients with them. Conferences are held with the personnel office, the chief dietitian, an instructor, and a charge attendant. The hospital fire chief demonstrates and explains methods of fire prevention and control. The attendants are also given a psychological examination. During the second week they have a 15-hour course in practical nursing, which includes methods adopted from the Red Cross Home Nursing course.

The philosophy behind the orientation program is that the new employee can be assisted in his adjustment to the hospital by acquainting him with certain phases of the work and by explaining desirable attitudes. The program has been found helpful to the new employee as well as to the hospital because it gives him a better understanding of his relationship to the hospital team.

HUMAN RELATIONS IN HOSPITAL SUPERVISION 10-29

AN EIGHT-WEEKS SEMINAR on "Human Relations in Hospital Supervision" is being conducted at Manteno (Ill.) State Hospital for members of the nursing department. Problems actually confronting students in their present positions are studied in detail. Emphasis is placed on understanding behavior as it affects one's work. Individual and group aspects of administration and supervision are examined, and skills of leadership stressed.

The general topics of study are: organization and administration (ward manage-

ment) including work assignment, performance standards, and rating; training methods and giving orders; maintaining good morale, interest in work, and cooperation among employees; and dealing with grievances and personal problems of employees.

The instructor is an assistant professor of labor and industrial relations at the University of Illinois. Representatives of the nursing department at Kankakee State Hospital also attend.

NOTES FOR ATTENDANTS 10-21

Hospital Highlights, a mimeographed publication of the Lincoln (Nebr.) State Hospital, recently carried a special supplement for attendants that was written by two psychiatric aides. Entitled "Surface vs. Casual Approach to Behavior," the article discusses the attendant's relationships with his coworkers, and with patients.

Examples are shown of a surface approach to a problem and then a casual approach which tries to discover the "motivating forces" behind a person's behavior. The article is aimed at better understanding between attendants as well as at improved care of patients.

Ways to handle patients with temper outbursts, shy and withdrawn patients, and pampered and over-protected patients are discussed. How an attendant can help patients in OT, recreational therapy, and group therapy are also outlined.

CLINICAL PASTORAL TRAINING AT COLUMBUS STATE HOSPITAL 10-25

ON FEBRUARY 1 a School of Clinical Pastoral Training was opened at the Columbus State Hospital. The first class consisted of nine students who were young ministers practicing in the vicinity of Columbus. The school plans to continue with short orientation courses and to have a long course of three months each summer for the purpose of giving both senior and graduate divinity students special clinical training in mental hygiene.

The hospital has found surprising enthusiasm for its present course, and every student has already requested further training. Considerable benefit in education and prevention is expected to come from this program.

The Rev. Maurice C. Clark, director of the school, has experience in this work. The aim of the school is to acquaint religious workers with some of the basic concepts and techniques of dynamic psychiatry and to point up their relevance to methods of pastoral care. No fee is charged for the courses.

SEMINAR FOR PSYCHOLOGISTS 10-27

A SEMINAR FOR PSYCHOLOGISTS from all the Texas state hospitals was held at Terrell State Hospital. Each hospital was responsible for an hour's presentation of an assigned subject. The topics discussed included definition, objectives, and purposes of psychologists; forms, tests, mechanics, and procedures of psychologists; problems of research and aims of reciprocity among various hospitals; special and abnormal problems; reports writing and media of communicating psychological data effectively to psychiatric staff; and aims and problems of public relations for psychologists.

The seminar also made recommendations on psychological personnel, training, and future meetings.

COOPERATION BETWEEN MENTAL AND UNIVERSITY HOSPITALS 10-24

A COOPERATIVE ARRANGEMENT has been developed between the George Washington University Hospital and St. Elizabeths Hospital, both in Washington, D.C., for training residents.

St. Elizabeths' residents are affiliated for three months with George Washington to give them experience in a psychiatric ward of a general hospital. They also work in the out-patient department for a brief period. George Washington's residents will be given part of their training at St. Elizabeths.

The arrangement was expedited because the superintendent of St. Elizabeths is also the head of the psychiatry department at the University. The clinical director and several other staff members of St. Elizabeths are also on the medical school faculty.

A three-year grant from the Public Health Service to improve the undergraduate psychiatry department has permitted the hiring of a psychiatrist, a clinical psychologist, and a psychiatric social worker at George Washington. They also work closely with the residents.

CLINICAL PRACTICE

NIGHT CLINIC 13-15

THE GOVERNOR BACON HEALTH CENTER, Delaware City, Del., has opened a new night clinic designed to integrate the treatment of the emotionally disturbed children with the orientation and education of their families.

The philosophy behind the clinic is that the maladjusted children cannot be treated adequately if all the therapeutic efforts are directed to them alone. These efforts should extend to the family units to which most of them will eventually return.

One evening each week is set aside for clinic night. At this time a team of psychiatrists, psychologists, and social workers try to develop within the parents a more flexible, tolerant, and understanding emotional attitude toward their children. Where indicated, more profound psychiatric therapy is carried on.

PSYCHIATRIC CONSULTATIONS 13-16

PSYCHIATRIC CONSULTATION SERVICES are now available to the general patients of the Michael Reese Hospital, Chicago, Ill., through a program of liaison psychiatry.

Individual psychiatrists are assigned from the division of neuropsychiatry to each block of ward beds, where they are made responsible for all the psychiatric services.

The psychiatrist is consulted by the internes and residents attached to the ward for help in diagnosis, treatment, preparation for surgery, planning discharges, advising on manipulation of the home environment, or screening before referral to psychiatric or psychosomatic clinics.

The psychiatrist does not intrude in the management of the case, the writing of orders, or the recording of notes unless invited to do so. The liaison service is limited to ward patients and is not intended for private patients.

MAINTENANCE

SANITATION PROGRAM FOR OHIO INSTITUTIONS

8-6

THE SANITATION PROGRAM of the Ohio State Welfare Department's institutions is centered at Cambridge State Hospital. There a well-equipped laboratory makes analyses of all water supplies to state institutions. Wells are checked once a month and distribution systems semi-monthly. Extensive river surveys have been conducted and complete analyses of samples made. In many instances these procedures have detected unsatisfactory sanitation conditions in the streams receiving their effluents from state hospital sewage treatment works, thus relieving the affected hospitals of the responsibility in cases of pollution. Analyses of effluents and receiving streams are recorded and submitted to the Ohio Department of Health.

Twice a year the hospital plays host to a three-day school for sewage and water plant operators for the various state institutions. These sessions, begun in 1948, have expanded in scope to include talks on practically all power and heating plant equipment.

FARMS

PASTEURIZING PLANT

18-6

Feeling that it was setting a bad example by serving raw milk when all milk for public purchase in the state must be pasteurized, Eastern State Hospital, Williamsburg, Va., recently built a pasteurizing plant.

A dairy manufacturer and the Virginia Polytechnic Institute were asked to submit plans on the basis of space required, location, and available money. Their data were turned over to the Division of Institutional Engineering of the Budget Office for working drawings and specifications. The job was advertised and awarded to the lowest bidder at an approximate total cost of \$23,250.

Since the dairy will eventually be moved to a different location, cinder block construction was used. The mechanical installations can be moved and installed in a new building. The capacity of the plant was based on current milk production with some allowance for future growth. The plant can handle three hundred gallons at a time and can run this quantity through in two hours. A second run would take a little longer because the refrigeration is based on storage of the cold milk (in the form of sweet water ice) and a quick run through of the warm milk. It can operate with direct absorption of the heat without the "stored cold," but this takes a longer time.

The dairy milks twice a day and pasteurizes once. When milk is not to be pasteurized immediately, it is run through the cooler, placed in a refrigerated room, and held for the next milking. At that time the stored milk and the freshly drawn milk are pasteurized together. If the dairy grows considerably, it will pasteurize twice a day; if it grows still more, milk can be run through batches in succession at approximately three hour periods through the day.

Although the state health department has recommended that ESH handle only bottled milk to the ultimate consumer, this brings

up such problems as expense, the choice between glass and paper containers, the fact that much liquid milk is not served as such but is mixed with other ingredients for egg nogs, etc.

For the present the hospital is not bottling milk, but handling it in large cans which are washed and sterilized before re-use.

The pasteurizing plant is operated by the dairy foreman and his assistant with patient labor for only manual procedures not requiring adherence to strict bacteriological technique or the manipulation of complicated, expensive machinery. Conceivably an alert, intelligent patient could be trained for this work, but the responsibility is so great that the hospital is reluctant to place it on a person known to be mentally ill and legally incompetent.

Blueprints of the dairy are available at Eastern State Hospital.

HOMEMADE SOIL STERILIZER 18-5

A VERY HANDY SOIL STERILIZER APPARATUS was devised from simple materials by the head farmer at Creedmore (N.Y.) State Hospital. The device is made of several lengths of 1½-inch pipe, shaped to fit an ordinary farm wagon box, and drilled with staggered holes 8 inches apart through which steam can escape. The pipe frame is connected to a steamline, such as at a boiler plant, and conducts steam at 180 degrees Fahrenheit for a half-hour to sterilize a wagonload of soil. The load is covered with canvas during the process to retain the steam.

The sterilized soil, devoid of weeds and diseases, is used in the plant propagating house to start cabbages, peppers, tomatoes, eggplants and other vegetables or flowers that need careful cultivation.

PUBLIC RELATIONS

CITIZENS LEARN NEEDS OF HOSPITAL

4-33

TO ACQUAINT IDAHO RESIDENTS with the needs of their mental hospitals, the State Charitable Institutions Commissions recently distributed abstracts of *The Mental Health Programs of the Forty-Eight States*. Interspersed with quotations from the findings of the Governors' Conference were pertinent comments on the conditions in State Hospital South. These remarks described the recent progress of the hospital and pointed out what needs to be done.

The material, mimeographed under the title "Mental Health In Idaho," went out as reports from the Chairman of the Charitable Institutions Commission. Following the style of the Council of State Governments' publication, the reports were broken down as follows: general findings and recommendations, legal aspects, organization and administration, finance, plant and equipment, personnel, and care and treatment. Additional sections discussed admission and discharge figures, showing the improvement that has been made during the past few years with larger staffs.

COURSE IN PSYCHIATRY FOR NURSES IN AREA

4-34

NEW JERSEY STATE HOSPITAL in Greystone Park presented a 30-hour "Added Experience Course" for graduate nurses in the vicinity. It was planned both to present the

basic concepts of psychiatric nursing and to serve as a refresher course for those who had had previous experience.

Nurses from many types of positions attended the series of 15 lectures—a director of nursing, an educational director, a science instructor, and many staff and head nurses from general hospitals; school nurses; an office nurse; an industrial nurse; private duty nurses; and nurses from a private mental hospital.

Medical lectures were given by staff doctors and nursing lectures by three staff nurses. Although no credit was allowed for the course, the students appeared very eager to get the most they could out of it. The hospital received several requests to repeat it another year.

These graduate nurses were given the opportunity of going into the hospital to work with patients under supervision. One student spent her entire vacation at Greystone.

WOMEN'S CONFERENCE TOLD ABOUT HOSPITAL NEEDS

4-35

THE FINAL SOLUTION of the critical problems faced by Illinois' overcrowded mental hospitals depends on how much care and what quantity of care the people of the state want to buy for their mentally ill, the Conference of Jewish Women's Organizations was told recently by Dr. Alfred Paul Bay, superintendent of the Manteno State Hospital.

To the Conference, which represented 193 member organizations, Dr. Bay outlined a four-point program in which enlightened women's organizations could participate effectively: taking an active interest in legislation on mental health, volunteering for organized, long-term work, and educating themselves about mental institutions. He invited all interested groups to visit the state hospitals. A lively question-and-answer period followed his speech.

RESEARCH

GERIATRICS PILOT STUDY

14-16

A STUDY OF WAYS of keeping older people active was initiated at Modesto (Calif.) State Hospital on July 1, 1950. Behind the program is the belief that, with suitable guidance and adequate supervision, the older patient can be taught to do many things to keep him active and to prevent him from taking to his bed and losing all interest in life. A patient in bed is more of a nursing problem, more of an expense, and more of a human loss than one who is active and interested.

Approximately 200 male patients have been incorporated into the study so far. Outstanding achievement is reported with a group of 20, all previously idle patients, who were assigned to gardening and landscaping. One patient in this group is on indefinite leave, one has been assigned to more important work, five are considered good workers, and the rest are doing at least a little work. Forty-one members of another group who formerly had to be fed in the ward are now able to eat in the general dining room.

While it is too early for a long-range evaluation of the program, supervisors say that it is apparent that the added care and attention has improved the morale of many patients.

COMMENTARY

Books Pamphlets Reports Periodicals

(Commentary's chief purpose is to call the attention of MHS subscribers to articles, reports, pamphlets, books, or other documents that have been published elsewhere and are of particular interest to mental hospitals. When MHS has copies or reprints on hand for distribution or loan, this fact is noted in the column. For copies of other material, it is more expedient to write directly to the publisher.)

"The Therapeutic Effect of Group Morale on a Psychiatric Hospital Ward" at Winter VA Hospital is described in detail by Dr. Marvin A. Klemes in the March *Bulletin of the Menninger Clinic*. The ward personnel, who have been trained to take larger therapeutic roles, attend semi-monthly meetings to discuss the progress of the program and of the patients. To overcome the patients' inertia, group activities were instituted on the ward until a strong enough group spirit was built up to allow group meetings. A "ward spirit" has developed, which is proving beneficial to the individual patients.

Pastoral Psychology for February carries an article on "Theology and the Institutional Chaplain," which points out what the hospital chaplain does with a patient that the psychiatrist cannot be expected to do. The author, Seward Hiltner, claims that the present interest in institutional chaplaincy is based as much on a theological as a psychological movement.

A novel plan for nursing shifts, developed by John S. Woodward, Administrator of Norway, a private mental hospital in Indianapolis, appears in the March issue of *The Modern Hospital*. Two day teams and two night teams made up of graduate nurses, practical nurses, and attendants each work 12 hours a day for four days, and then have three full days off. The idea, which was first tried out with the kitchen staff, has found much favor in the nursing service.

"The Problem of the 'Problem Child'" in February's *Nursing World* is based on the experiences of the author, nursing student Faith Jensen, at the Emma Pendleton Bradley Home in Riverside, R.I. The type of treatment given these emotionally disturbed children and the reasons for it are outlined in considerable detail and with much clarity. It should be of interest to almost anyone working with emotionally disturbed children.

How to plan for the effective use of volunteers is discussed in "The Volunteer Worker and the Psychiatric Hospital," by Dr. A. H. Fechner and James H. Parke in the February *American Journal of Psychiatry*. The importance of attitudes of the staff as well as of the volunteers is stressed. The philosophy and procedure of the VA volunteer program is outlined. The authors emphasize the fact that a psychiatric hospital does not get voluntary services for nothing, but that it has certain responsibilities to the volunteers.

Whenever a sex crime has shocked a community during the past few years, a mental hospital superintendent in the area has usually been asked how the whole problem of sex offenders should be handled. The *Report on Study of 102 Sex Offenders at Sing Sing Prison*, conducted by the New York State Departments of Mental Hygiene and Correction, gives some of the answers. It contains very helpful recommendations as well as a compilation of the new and old state laws dealing with sex offenders. The pamphlet also includes a number of case histories. (State Hospitals Press, 1213 Court St., Utica, N.Y., 40c).

The Arkansas State Board of Health and the Arkansas Dietetic Association have developed a comprehensive *Arkansas Diet Manual* for use in state institutions including mental hospitals. Beside the routine hospital diets with simple modifications, ulcer, salt restricted, liver and gallbladder, surgical, diabetic, reduction, allergy, pregnancy and lactation, pediatrics, and miscellaneous diets are included. (Arkansas State Board of Health, Little Rock).

A second edition of *Psychology for Nurses* by Bess V. Cunningham, Professor of Education at the University of Toronto, has been published (Appleton-Century-Crofts, Inc., 35 W. 32nd St., New York 1, \$3.50). The textbook emphasizes psychology as a practical science. Of particular interest to mental hospitals are the sections on testing, on the psychological mechanisms of everyday life, and on neuroses and psychoses.

A symposium on "The Integration of Occupational and Recreational Therapy

in the Residential Psychiatric Treatment of Children," by Dr. Ralph D. Rabinovitch (Chief of the Children's Service, Neuropsychiatric Institute, University of Michigan) and Janet Bee and Barbara Outwater (both OTR's from Children's Service) was published in the January-February issue of *The American Journal of Occupational Therapy*. It includes a brief description of the Children's Service conducted for 28 in-patients. It outlines the OT program in which staff conferences play an important part. A discussion of individual clinical problems and how OT was used with them concludes the article. In the same journal, under "Letters to the Editor" is a picture of an OT cabinet developed by an OTR and an OT aide for working with male mental patients on the ward. It is made from a white metal medicine cabinet fitted to hold tools and equipment. It can be locked and wheeled out of the way very easily.

The spring 1951 list of the *Mental Health Publications and Audio-Visual Aids* put out by the National Association of Mental Health (1790 Broadway, N.Y. City) includes two pamphlets (5c each) of interest to mental hospitals and not previously mentioned in this column. *Recent Trends in Mental Hospital Care*, by Albert Deutsch, not only points out what needs to be done to improve state hospitals but also lists eleven significant developments of recent years that have had very beneficial effects on mental institutions. It is one of the exceedingly rare articles that presents a hopeful picture of mental hospitals. The second NAMH publication, *A Visit to Your Mental Hospitals*, employs the comic strip to explain to relatives the treatment a patient receives in an institution. A perusal of the entire NAMH list should prove beneficial, as it includes a number of older items that would be useful to mental hospitals.

PERSONNEL

ADS IN BUSES

9-21

THE NEW JERSEY STATE Department of Institutions and Agencies uses car-card advertising on buses and street cars to recruit for its psychiatric technician training program. The placards appear each January and July before the applications for new classes close on February 15 and August 15. The ads read: "Become a Psychiatric Technician. Apply now for on-the-job training. Job security and a career of service to the mentally ill. Applications close ..." They are illustrated by a female technician with an emblem on her uniform seated at a desk. A physician looks over her work.